, P	ATENT APPLI	CATIONE	reons ere regulated to EE DETERMIN Form P 10-876	ATION BEO	lon of Information	Office: U.S. DEP	FTO/SE/06 7/81/2006, OMB 06/0 PRINENT OF COMM LYBIID OMB COMMENT
		Substitute	lor Form PTO-875	and of KECH	ORD ,	. Apriloglian	Talka OMB control of
	CLAIMS AS	FII ED . n	Anne			101	マクスマン
-	(Có)	umn 1)			•		70
FOR			· (Column 2)	. 8	MALL ENTITY	O R	OTHER THAN
BASIC FEE	HUMBI	RFILED	NUMBER EXTR				SMALL ENTITY
TOTAL CLAIMS		· :.		- RA	TE FEE		-
(37 CFR (.16(c))		;			_ 82		PATE FE
INDEPENDENT CU (37 CFR 1.16(b))	VIMS	minus 20 =	•	l x :		OR	
		minus 3 e				OR X	
MULTIPLE DEPEND	ent claim present	(77.000		X	==	OR X	
			(1.16(d))	+4			
a allo otilicience M	column 1 Is less than	zaro, enler "O"	In column 2.			OR .+1	
· · · · C	LAIMS AS AMEI	1000 0		TOTA	<u>.</u>	OR T	TĂL
		יהפה אע	KEN .				
	(Column 1).	. (0	okuma 2) (Column		:		
المل الملا	CLAIMS REMAINING:	HIG	HEST	SMA	LL.ENTITY .	OR !	OTHER THAN
ZIMION !	AFTER 1	CHA JUNHU	MBER · MEURSEL			· j	MALL ENTITY
Total	AMENDMENT	PAIC	D FOR EXTRA	41	TIONAL	-FIA	TE ADDI-
Total CO (STCAR LIGG) Independent (STCAR LIGG)	20	linus	7/) =	1100	FEE	·-	TIONAL
U CITCHR C.16011	of W	inus ***	7 = 1	x1.25		OR X:5	FEE
FIRST PRESENTA	TION OF WAR			X 8/00=	.		
	TION OF MULTIPLE DE	PENDENT CLAIR	(07 CFR 1.16(d))	+1/80		OR - X tole	- Daid
		•		TOTAL		OR +:36	Q
	(Column 1)			ADD'L FEE		OR TOTAL	
-	CLAIMS	. HIGH	mn 2) (Column 3)	-		OR ADD'L FI	EE
<u> </u>	AFTED	I. NUME	ER PRESENT	RATE	10: 11:		
	WENDWENT	PREVIO	USLY EXTRA	10112	ADDI- TIONAL	RATE	ADDI-
Of CFR 1.16(cl)	Mine	15	=		EE	CONTRACTOR OF THE PARTY OF THE	TIONAL
II GI CER C team	. Mine	\$ ***		X1		OR X.1	The state of
FIRST, PRESENTATION	W OF LUE			X 1=] .]		
	SH OF MULTIPLE DERE	HOENT CLAIM	(37-CFR &16(d)) +	and the same	1	OR X \$	
				TOTAL	"c	Rm lister survive	
· · · · · · · · · · · · · · · · · · ·	Column 1)	٠.	•	ADDLFEE		R ADD'L FEE	
1 7	CLAIMS	(Column	2) (Column 3)	· ·		. 20 6 1 66	
R	EMAINING AFTER	HIGHES	PRESENT	- T		W. Chin.	
Total AM	ENOMENT	PREVIOUS PAID FO	Y FYTOA	RATE	ADDI- TIONAL	PATE	4000
(3) CER 1:16(c)1	Minus	**	=	-	FEE	1	ADDI- TIONAL
Independent	Minus	 		X \$	7		FEE
		<u> </u>	1 3	X \$_ =	· Of	X \$ " =	
FIRST PRESENTATION	OF MULTIPLE DEPEND	ENT CLAIM (3	CFR 1.16(di)		OF	X 1	
•				+1 =	OR	+ 5 =	
If the entry in column If the "Highest Number If the Highest Number	1 is less than the aut-	ula sale	!	TOTAL ADD'L FEE		TOTAL	
If the Highest Number of Highe	C Previously Date 5	7 in column 2,	write "0" kn column a		OR .	ADD'L FEE	1

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For (In THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and trademark Office; U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS